

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	CM	71632	1-12-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ↓ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	✓
2	O
3	✓
4	
5	
6	
7	
8	
9	
10	✓
11	✓
12	O
13	✓
14	✓
15	✓
16	O
17	O
18	O
19	O
20	✓
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	✓
32	✓
33	O
34	O
35	O
36	✓
37	
38	
39	
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41	
42	
43	✓
44	O
45	✓
46	✓
47	✓
48	✓
49	O
50	O

Claim	Date
Final	Original
51	✓
52	✓
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here